

**COUNCIL OF THE NIGERIAN INSTITUTE OF SCIENCE LABORATORY TECHNOLOGY**

**ELECTION OF ZONAL REPRESENTATIVE NOMINEES INTO COUNCIL**

**NOMINATION FORM**

Name of Candidate: (Surname First):.....

Membership Grade/Reg. No. (*must be financially current with NISLT and ASLTON*):.....

Year of First Registration:.....

Current ASLTON Branch:.....

State/Geo-political zone where working/or currently domiciled:.....

Present or Past position held (NISLT and ASLTON):.....

Current Working Position/Business:.....

Full Postal Address:.....

e-mail Address:..... Tel No:.....

Name of Proposer:.....

Membership Grade/Reg. No. (*must be financially current*):.....

Signature and Date:.....

Name of Seconder:.....

Membership Grade/Reg. No. (*must be financially current*):.....

Signature and Date:.....

Candidate's Declaration of Consent:

I shall be willing to serve if elected.

.....  
*Candidate's Signature*

.....  
*Date*

Endorsement by six members of the Branch (*must be financially current*) who must be domiciled in the same zone with the candidate.

S/N	NAME	NISLT MEMBERSHIP GRADE/REG. NO.	OFFICE ADDRESS	SIGN/DATE
1.				
2.				
3.				
4.				
5.				
6.				

.....  
*Branch Chairman's Name/Sign/Date*